STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement on Reverse Side

STD 262 (REV 6/93) Pages Page of SSAN OR EMPLOYEE NUMBER DEPARTMENT CLAIMANT'S NAME DFEH Phyllis W. Cheng INDEX NUMBER DIVISION OR BUREAU CB/ID NUMBER POSITION Executive Director Exempt HEADQUARTERS ADDRESS TELEPHONE NUMBER RESIDENCE ADDRESS 916-478-7250 2218 Kausen Drive ZIP CODE ZIP CODE STATE STATE CITY 95758 CA Elk Grove CA MEALS (7) TRANSPORTATION (1)MONTH/YEAR (5) (6) (4)(C) (A) (B) (D) BUSINESS TOTAL OT LIT July/Aug 09 LOCATION EXPENSE **EXPENSES** N/C RELO INCIDEN-COST OF TYPE TOLLS, PRIVATE CAR USE WHERE EXPENSES LODGING BREAK-FOR DAY TRANS USED PARKING LUNCH FAST WERE INCURRED DINNER AMOUNT MILES DATE TIME 2.50 2.50 b 07/29 0800-1700 Los Angeles 135.85 252.85 рс 247 07:00 LA/Santa Ana/SD 10.00 18.00 07/30 89.00 42.50 20:00 San Diego/LA 18.00 6.00 2.50 b 6.00 10.00 07/31 08/03 | 0800-1700 | Los Angeles 38.50 38.50 08/04 | 0800-1700 Los Angeles b 2.50 93.34 72.84 18.00 08/06 | 13:00 | Sacramento/SF 25.00 10.00 3.00 6.00 17:00 San Francisco 6.00 08/07 08/10 0800-1700 Los Angeles 2.50 2.50 b 08/14 0900-1200 Los Angeles 08/17 0800-1700 Los Angeles 1.25 1.25 SC 1500-1730 Sacramento 08/19 5.00 5.00 1200-1600 LA/Pasadena 08/24 08/28 0800-1700 Los Angeles 2.50 2.50 b 08/31 0800-1700 Los Angeles 465.94 3.75 247 135.85 54.00 12.00 (10) 161.84 12.00 30.00 **SUBTOTALS** COLUMN CODE (ACCTG USE ONLY) 465.94 \$ CLAIM TOTAL (12) NORMAL WORK HOURS (11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required) 0800-1700 All airfare paid by employee at her own private expense. (13) PRIVATE VEHICLE LICENSE NBR. 7/29: Speaking presentation at Proskaur Rose re: FEHA Compliance 7/30-31: Santa Ana & San Diego District Offices; Meeting w/FEHC commissioner Perez 6ATW241 (14) MILEAGE RATE CLAIMED 8/3-4: Los Angeles Office - meetings; Purchase LA Transit ticket 8/6-7: Directors meeting; Chinese American National Conf. Roundtable .55 AGENCY ACCOUNTING OFFICE 8/10, 14, 17: Los Angeles Office - meetings; ERTSC Board meeting USE ONLY 8/19: Screening of "Immersion" filem at Capitol; 8/24 - Meeting w/CELA PAID BY REVOLVING FUND CHECK NBR. 8/28; 8/31 - Los Angeles Office - meeting re: public policy project (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT CLAIMANTS SIGNATURE DATE 10/14/0

(17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse)

STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM STD 262 (REV 6/93)

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											Page	1	of	11	Pages
CLAIMANT'S NAME							SSAN OR EMPLOYEE NUMBER*					DEPARTMENT			
Phyllis W. Cheng										DFEH					
POSITION CB/ID NUMBER					DIVISION OR BUREAU								INDEX NUMBER		
Director Exempt RESIDENCE ADDRESS*						Executive									
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS							TELEPHONE NUMBER		
CITY STATE ZIP CODE			***************************************	2218 Kausen Drive			***************************************	·			916-478-7250				
CILI				ZIP CODE		CITY			STATE				ZIP CODE		
(1)MONTH/YEAR (3)			<u> </u>	(4) (5)		Elk Grove		CA			95758		V		
		(0)	9)		(5)	MEALS		(6)		-	PORTATIO			(8)	(9)
Sept 2009		LOCATION					0.T., L/T		(A)	(B)	(C) CARFARE	(D)		BUSINESS	TOTAL
(2)	1	WHERE EXPENSES WERE INCURRED		LODGING	BREAK- FAST	LUNCH	N/C RELO OR DINNER	INCIDEN- TALS	COST OF TRANS	TYPE		PRIVATE CAR USE		EXPENSE	EXPENSES FOR DAY
DATE	TIME											MILES AMOUNT			
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	0800-1700								2.50	b					2.50
	0800-1700								2.50	b		<u> </u>			2.50
09/28	0800-1700	Los Ar	igeles	1					2.50	b	***************************************				2.50
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			oloyee at her ow						×			0800-1700			
			irector John Du						-	**************************************		(13) PF	IVATE VE	HICLE LICE	ENSE NBR.
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			ce w/Governor r							***************************************		AGENCY ACCOUNTING OFFICE			
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			- meetings; 9/30									PAID BY	REVOLVIN	IG FUND CHE	ECK NBR.
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exceed t	he minim	um rate,	I certify that the cos	st of operati	ng the ve	hicle was	equal to	or great	er than the	rate	claimed,	. (r)			
and that	I have me	et the rec	quirements as preso	cribed by SA	M Section	ns 0750,	0751, 07	752, 075	3 and 0754	perta	ining to				
renicie s	afety and	seat bel	r usage.	<u> </u>											
CLAHMAT	at's sig	NATURE		DATE		(16) SIGNA	ATURE OF	OFFICE	R APPROVI	NG TR	AVEL AN	PAYME	NT	DATE	
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